FORMS REQUIRED: FORM 1040, SCH C, SCH SE, FORM 3800, FORM 5884, FORM 6251, FORM 8826, FORM 8846, FORM 8879, SCHEDULE E, IT540B, SCH G, NONRESIDENT AND PART YEAR RESIDENT WORKSHEET

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRED FORMS: FORM 1040, LINE 65: 24000,

EXTENSION FILED - 6000 PAYMENT EACH MADE BY DUE DATE

THIRD PARTY DESIGNEE:

NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER:

NAME: LATEST G HERBALIST SSN: 400-00-4310

DOB: 04/15/1942 OCCUPATION: RESTAURANT

DISABLED: NO PRES ELEC FUND: YES

DAYTIME PHONE: 805-555-2121 BLIND: NO

ADDRESS CHANGE

ADDRESS: 50 FEEL GOOD AVENUE APT 21

GREEN VALLEY LAKE CA 92341

FILING STATUS: SINGLE LINE 6D: 1

SCHEDULE C: STATE OF RESIDENCY

NAME OF PROPRIETOR: LATEST G HERBALIST SSN: 400-00-4310

16534 GREAT AVENUE

GREEN VALLEY LAKE CA 92341

LINE A: RESTAURANT

LINE C: GOOD EATS

LINE D: 95-0505020

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 200145

LINE 3: 200145

LINE 4: 46235

LINE 5: 153910

LINE 7: 153910

PART II:

LINE 8: 780

LINE 15: 1500

LINE 20A: 6000

LINE 20B: 12000

LINE 22: 4250

LINE 23: 1250

LINE 25: 5126

LINE 26: 30075 (WAGES 36125 LESS EMPLOYMENT CREDITS 6050=30075)

LINE 28: 60987

LINE 29: 92923

LINE 31: 92923

PART III

LINE 33: A COST X

LINE 34: NO

LINE 35: INVENTORY AT BEGINNING OF THE YEAR 1865

LINE 36: PURCHASES 46751

LINE 40: ADD 48616

LINE 41: INVENTORY AT END OF YEAR 2381

LINE 42: COST OF GOODS SOLD 46235

FORM 5884 LINE 1A: 5000 1250

LINE 1B: 12000 4850

FORM 8846: LINE 1: 12345

LINE 2: 3618

SCHEDULE E: (LOUISIANA SOURCE INCOME)

LATEST G HERBALIST

400004310

LINE 28: A – COMMUNITY OIL

 $\mathbf{B} - \mathbf{P}$

D - 72 - 354694

G – 12462

LINE 30: 12462

LINE 32: 12462

LINE 41: 12462

SCHEDULE SE

NAME: LATEST G HERBALIST SSN: 400-00-4310

LINE 2: 92923

LATEST #8 FORM 6251: LINE 33: 14162 **TAXPAYER PIN: 19821** PRIOR YEAR AGI: 0 SIGNATURE DATE: 9/15/2009 LA ADDRESS CHANGE COMPOSITE PARTNER: COMMUNITY OIL 72354694 748 CREDIT FOR CERTAIN FEDERAL TAX CREDIT 6050 BANK OF AMERICA (PLEASE INPUT A RTN & ACCOUNT NUMBER THAT WILL WORK FOR YOU) RTN: 000650090 ACCOUNT NUMBER: 216589470 **CHECKING** FOR LA RESIDENT RETURN IT540 **SCHEDULE E** LINE 5B: 6050 LA ADDRESS **123 PINE ST**

SHREVEPORT LA 71101

LA ESTIMATED PAYMENT 5000 PAID 01/15/2009

LA 210R

LINE 2: 4628

LA CREDIT CARRY FORWARD TO 2009

FORM 1040:

LINE 56: SUBTRACT

TAXPAYER'S FIRST NAME INITIAL LAST NAME	LATEST G HERBALIST
TAXPAYER'S SOCIAL SECURITY NUMBER	400-00-4310
HOME ADDRESS (NUMBER AND STREET)	50 FEEL GOOD AVENUE
CITY STATE AND ZIP	GREEN VALLEY LAKE CA 92341
TAXPAYER'S PRESIDENTIAL ELECTION CAMPAIGN FUND	YES
FILING STATUS	SINGLE
LINE 6A: YOURSELF	X
NUMBER OF BOXES CHECKED ON 6A AND 6B	1
LINE 6D: TOTAL EXEMPTIONS	1
LINE 12: BUSINESS INCOME	92923
LINE 17: RENTAL REAL ESTATE	12462
LINE 22: TOTAL INCOME	105385
LINE 27: ONE HALF OF SELF EMPLOYMENT	6565
LINE 36: ADD	6565
LINE 37: AGI	98820
LINE 38: AGI	98820
LINE 39A: YOU X	1
LINE 40: ITEMIZED DEDUCTIONS	6800
LINE 41: SUBTRACT	92020
LINE 42:	3500
LINE 43: TAXABLE INCOME	88520
LINE 44: TAX	18765
LINE 46: ADD	18765
LINE 54: 5884 x 8846 X	6718
LINE 55: TOTAL CREDITS	6718

12047

LINE 57:	SELF EMPLOYMENT TAX	13130
LINE 61:	TOTAL TAX	25177
LINE 63:	2008 ESTIMATED TAX PAYMENTS	24000
LINE 71:	TOTAL PAYMENTS	24000
LINE 75:	AMOUNT YOU OWE	1177